

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/509232

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10		(1)					60						
11		(1)					61						
12		(1)					62						
13		(1)					63						
14		(1)					64						
15		(1)					65						
16		(1)					66						
17		(1)					67						
18		(1)					68						
19		(1)					69						
20		(1)					70						
21		(1)					71						
22			1				72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31			1				81						
32			1				82						
33				1			83						
34			1				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		4					TOTAL IND.						
TOTAL DEP.		9					TOTAL DEP.						
TOTAL CLAIMS		13					TOTAL CLAIMS						